



Instructions: This form must be completed in its entirety and submitted within 90 days of the discovery of the property damage. *Social Security Number is voluntary and will be used for identification purposes only if payment is made.

List the name and age of each foster child who contributed to the damage.

| NAME | AGE | NAME | AGE |
|---|-----|--|-------------|
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| Name of person who suffered property damage (if other than foster parent) | | Relationship to foster parent | |
| Does this person reside in your home? Yes No | | | |
| Date of damage | | If damage occurred over a period of time, list beginning and end dates. From: _____ To: _____ | |
| Will payment be made from a private insurer? Yes No If yes, payment amount: Attach documentation from insurance company which verifies payment or denial. | | | |
| Amount of deductible paid to private insurer: Attach documentation which verifies the amount of deductible paid. | | | |
| I hereby certify that all statements and information provided are true and correct to the best of my ability and that the damage claimed actually occurred. I understand that the placing agency or representatives of the North Dakota Department of Human Services will verify this claim and may contact any parties involved. I understand that I may only claim for damage not covered by any other insurance. | | | |
| Signature - Foster Parent | | *Social Security Number | Date signed |

STATEMENT OF CIRCUMSTANCES FOR DAMAGE

Describe the details surrounding the damage (who, what, where, when).
Include the names of any witnesses to the occurrence. Attach a photograph of damages when applicable.

ITEMIZATION OF DAMAGE

List each item, the date damage occurred, and the replacement/repair cost for which you are submitting a claim. If you need more space, continue on a separate sheet of paper using the same format. Sales receipts, a bill or an estimate for each item listed must be attached.

| Item | Damage Date | Replacement Cost Or | Repair Cost |
|------|-------------|---------------------------|-------------|
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| | | Total cost being claimed: | |